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## BIB DATA SHEET

CONFIRMATION NO. 2254

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/560,654	05/01/2006	607	3762	75632/JPW/JW	
<b>RULE</b>					
<b>APPLICANTS</b> Omry Ben-Ezra, Jerusalem, ISRAEL; Ehud Cohen, Ganei Tikva, ISRAEL; Tamir Ben-David, Tel Aviv, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL04/00496 06/10/2004 which claims benefit of 60/478,576 06/13/2003 and is a CIP of 10/461,696 06/13/2003 PAT 7,321,793 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 08/18/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JOSEPH M DIETRICH/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> COOPER & DUNHAM, LLP 30 Rockefeller Plaza 20th Floor NEW YORK, NY 10112 UNITED STATES					
<b>TITLE</b> Vagal stimulation for anti-embolic therapy					
<b>FILING FEE RECEIVED</b> 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		